

PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING

09/529937

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:

DINITROANILINE LIPOSOMAL FORMULATIONS AND PROCESSES FOR THEIR PREPARATION

Fill in Appropriate
Information -
For Use Without
Specification
Attached:

the specification of which is attached hereto. If not attached hereto,

the specification was filed on April 21, 2000 as
United States Application Number 09/529,937
and amended on _____ (if applicable) and/or
the specification was filed on _____ as PCT
International Application Number PCT/PT99/00015 and was
amended under PCT Article 19 on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

Insert Priority
Information:
(if appropriate)

<u>102197</u> (Number)	<u>Portugal</u> (Country)	<u>August 21, 1998</u> (Month/Day/Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.

Insert Provisional
Application(s):
(if any)

_____ (Application Number)	_____ (Filing Date)
_____ (Application Number)	_____ (Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

Country	Application Number	Date of Filing (Month/Day/Year)
_____	_____	_____
_____	_____	_____

Insert Requested
Information:
(if appropriate)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S.
Application(s):
(if any)

_____ (Application Number)	_____ (Filing Date)	_____ (Status - patented, pending, abandoned)
_____ (Application Number)	_____ (Filing Date)	_____ (Status - patented, pending, abandoned)

I hereby appoint the undersigned attorneys to prosecute this application and to prosecute an international application based on this application and to transact business in the Patent and Trademark Office of the United States and in connection with the resulting patent based on the application received from the entity who first sent the application papers to the attorneys identified below, unless the inventor or assignee provides said attorneys with a written notice to the contrary:

Raymond C. Stewart
Joseph A. Kolasch
Bernard L. Sweeney
Charles Gorenstein
Leonard R. Svensson
Andrew D. Meikle
Joe McKinney Muncy
John W. Bailey
Gary D. Yacura

(Reg. No. 21,066)
(Reg. No. 22,463)
(Reg. No. 24,448)
(Reg. No. 29,271)
(Reg. No. 30,330)
(Reg. No. 32,868)
(Reg. No. 32,334)
(Reg. No. 32,881)
(Reg. No. 35,416)

Terrell C. Birch
James M. Stattery
Michael K. Mutter
Gerald M. Murphy, Jr.
Terry L. Clark
Marc S. Weiner
Donald J. Daley
John A. Castellano

(Reg. No. 19,382)
(Reg. No. 28,380)
(Reg. No. 29,680)
(Reg. No. 28,977)
(Reg. No. 32,644)
(Reg. No. 32,181)
(Reg. No. 34,313)
(Reg. No. 35,094)

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP

or Customer No. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE:
YOU MUST
COMPLETE
THE
FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First
or Sole Inventor:
Inventor
Inventor Date This
Document is Signed

Residence
Citizenship

Post Office
Address

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME <u>Maria Eugénia MEIRINHOS DA CRUZ</u>	INVENTOR'S SIGNATURE <u>M. Eugénia M. Cruz</u>	DATE* June 14, 2000
Residence (City, State & Country) <u>Lisboa, Portugal</u>	CITIZENSHIP Portugese	
POST OFFICE ADDRESS (Complete Street Address including City, State & Country) <u>Rua Maestro Raúl Ferrão, 43, P-1500 Lisboa, Portugal</u>		
GIVEN NAME/FAMILY NAME <u>Manuela Colla CARVALHEIRO</u>	INVENTOR'S SIGNATURE <u>Manuela Colla Carvalho</u>	DATE* June 14, 2000
Residence (City, State & Country) <u>Lisboa, Portugal</u>	CITIZENSHIP Portugese	
POST OFFICE ADDRESS (Complete Street Address including City, State & Country) <u>Avenida Almirante Reis, 62-G 4º, P-1150 Lisboa, Portugal</u>		
GIVEN NAME/FAMILY NAME <u>João Carlos Santana JORGE</u>	INVENTOR'S SIGNATURE <u>João Carlos Santana</u>	DATE* June 14, 2000
Residence (City, State & Country) <u>Lisboa, Portugal</u>	CITIZENSHIP Portugese	
POST OFFICE ADDRESS (Complete Street Address including City, State & Country) <u>Rua Acúrsio Pereira, 8, R/C A, Olivais Sul, P-1800 Lisboa, Portugal</u>		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
POST OFFICE ADDRESS (Complete Street Address including City, State & Country)		

*DATE OF SIGNATURE

BEST AVAILABLE COPY